
State: District of Columbia **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity
Project Name/Number: ACC and CI Riders/AWD17

Filing at a Glance

Company: American Heritage Life Insurance Company
Product Name: Group Hospital Indemnity
State: District of Columbia
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form
Date Submitted: 05/04/2018
SERFF Tr Num: MMTA-131432654
SERFF Status: Closed-APPROVED
State Tr Num:
State Status:
Co Tr Num: AWD17

Implementation: On Approval
Date Requested:
Author(s): April Furlong, Stacy Koron, Laura Summers, Marisol Valverde, Chris McGrath, Allen Macchiavello, Taylor McKinnon

Reviewer(s): Colin Johnson (primary)
Disposition Date: 05/08/2018
Disposition Status: APPROVED
Implementation Date: 05/08/2018

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General Information

Project Name: ACC and CI Riders

Project Number: AWD17

Requested Filing Mode:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Critical Illness Riders approved in domicile state of Florida on February 12, 2018 under FLH 18-00169.

Accident Riders approved in domicile state of Florida on March 8, 2018 under FLH 18-01925.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Other

Overall Rate Impact:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: Union

Filing Status Changed: 05/08/2018

State Status Changed:

Deemer Date:

Submitted By: Allen Macchiavello

Created By: Marisol Valverde

Corresponding Filing Tracking Number:

Filing Description:

District of Columbia Department of Insurance

Via SERFF

RE:Group Critical Illness Benefit Riders GPSCIDC and GCSCIDC and Group Accident Benefit Riders GPSACCD and GCSACCD

NAIC Number: 60534

FEIN Number: 59-0781901

To Whom It May Concern:

The above referenced forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. They will be attached to a previously approved Group Hospital Indemnity product. These products are solicited by agents licensed to do business within your state and will be marketed to employer, association or union groups.

Forms GPSCIDC and GCSCIDC will be used to pay a benefit if an insured is diagnosed with a critical illness while covered under the Group Hospital Indemnity policy. Forms GPSACCD and GCSACCD will be used to pay a benefit if an insured sustains a loss due to a covered accident. These riders will be attached to Group Hospital Indemnity Policy GVSP2DC and Certificate GVSC2DC, previously approved by your department on 12/13/2013 under Filing Number ALST-129172527.

Form ERAPPDC is a multi-product employer application that may be used with this Group Hospital Indemnity Insurance as well as any other group products that are approved for use in your state. This form was previously approved in your state on 5/19/2009 under filing number ALST-126146138.

The enrollment and evidence of insurability form that will be used with this product is being filed separately. The enrollment may be taken through electronic enrollment procedures by our licensed agents using a pen-based signature pad, PIN numbers, and any other valid electronic signature method. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant has signed it.

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All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. While every effort is made to submit filings without errors, we respectfully reserve the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noticed after the filing and approval. As mentioned above, some of the provisions/sections are bracketed to provide flexibility. Please see the enclosed Statement of Variability.

Please let us know if you have any questions.

Your review of this filing is appreciated. Thank you for your time.

Sincerely,

Stacy Koron, JD, FLMI, CLU
Compliance Consultant

Company and Contact

Filing Contact Information

| | |
|------------------------------------|--------------------------------|
| Stacy Koron, Compliance Consultant | stacy.koron@milliman.com |
| 3000 Bayport Drive, Ste 1050 | 813-282-9262 [Phone] 438 [Ext] |
| Tampa, FL 33607 | 813-282-8276 [FAX] |

Filing Company Information

(This filing was made by a third party - millimantampa)

| | | |
|------------------------------------------|-------------------------|----------------------------|
| American Heritage Life Insurance Company | CoCode: 60534 | State of Domicile: Florida |
| 1776 American Heritage Life Drive | Group Code: | Company Type: |
| Jacksonville, FL 32224-6688 | Group Name: | State ID Number: |
| (904) 992-1776 ext. [Phone] | FEIN Number: 59-0781901 | |

Filing Fees

| | |
|------------------|----|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |

| | | | | | |
|-----------------------------|-----------------------------------------------------------------------------|--------------------------|------------------------------------------|----------------------------|-------|
| SERFF Tracking #: | MMTA-131432654 | State Tracking #: | | Company Tracking #: | AWD17 |
| | | | | | |
| State: | District of Columbia | Filing Company: | American Heritage Life Insurance Company | | |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | | | |
| Product Name: | Group Hospital Indemnity | | | | |
| Project Name/Number: | ACC and CI Riders/AWD17 | | | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| APPROVED | Colin Johnson | 05/08/2018 | 05/08/2018 |

| | | | |
|----------------------|-----------------------------------------------------------------------------|-----------------|------------------------------------------|
| State: | District of Columbia | Filing Company: | American Heritage Life Insurance Company |
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Disposition

Disposition Date: 05/08/2018

Implementation Date: 05/08/2018

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|------------------------------------|----------------------|---------------|
| Supporting Document | Readability Certification | APPROVED | Yes |
| Supporting Document | Letter of Authorization | APPROVED | Yes |
| Supporting Document | Statements of Variability | APPROVED | Yes |
| Supporting Document | Cover Letter | APPROVED | Yes |
| Form | Critical Illness Policy Rider | APPROVED | Yes |
| Form | Critical Illness Certificate Rider | APPROVED | Yes |
| Form | Accident Policy Rider | APPROVED | Yes |
| Form | Accident Certificate Rider | APPROVED | Yes |

State: District of Columbia

Filing Company:

American Heritage Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity

Project Name/Number: ACC and CI Riders/AWD17

Form Schedule

Lead Form Number: GPSACCDC

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|------------------------|------------------------------------|-------------|-----------|-------------|----------------------|-------------------|------------------------------------------------------------|
| 1 | APPROVED 05/08/2018 | Critical Illness Policy Rider | GPSCIDC | POLA | Initial | | 50.930 | AWD17.DC.GPSC I Critical Illness Policy Rider.20180501.pdf |
| 2 | APPROVED 05/08/2018 | Critical Illness Certificate Rider | GCSCIDC | CERA | Initial | | 50.450 | AWD17.DC.GCSC I Critical Illness Cert Rider.20180501.pdf |
| 3 | APPROVED 05/08/2018 | Accident Policy Rider | GPSACCD C | POLA | Initial | | 55.430 | AWD17.DC.GPSA CC Accident Policy Rider.20180501.pdf |
| 4 | APPROVED 05/08/2018 | Accident Certificate Rider | GCSACCD C | CERA | Initial | | 56.330 | AWD17.DC.GCSA CC Accident Cert Rider.20180501.pdf |

Form Type Legend:

| | | | |
|-------------|-------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

CRITICAL ILLNESS BENEFIT RIDER

[This rider is made part of the policy to which it is attached and is effective as of the rider effective date which is [xx/xx/xx].]

Limited Benefit Please Read Carefully

This rider is issued in consideration of the rider premium and the written request for the rider. Benefits are paid in addition to the benefits of the policy to which it is attached. Every definition, term, condition, and provision of the policy applies to this rider, unless otherwise defined or provided in this rider.

DEFINITIONS

[(Definitions may contain terms that are not included in the coverage selected)]

Carcinoma in situ means a cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma In Situ includes:

1. early prostate cancer diagnosed as stages A, I or II or equivalent staging; and
2. melanoma not invading the dermis.

Clinical diagnosis means a clinical identification of cancer based on history, laboratory study, and symptoms. We will pay benefits for a clinical diagnosis only if:

1. a pathological diagnosis cannot be made because it is medically inappropriate or life-threatening; and
2. there is medical evidence to support the diagnosis.

Coronary artery by-pass surgery means the surgical operation to correct narrowing or blockage of one or more coronary arteries with by-pass grafts [on the advice of a cardiologist registered in the United States]. Angiographic evidence to support the necessity for this surgery will be required.

Critical illness means one of the critical illnesses described in this rider, for which a benefit may be paid.

End stage renal failure means the irreversible failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis.

Heart attack means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area.

Invasive cancer means malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Invasive cancer includes leukemia and lymphoma.

Major organ means the heart, lungs, liver, pancreas, or kidneys. Lungs and kidneys are each one major organ regardless of whether one or both lungs, or one or both kidneys, are transplanted.

Major organ transplant means the surgical transplant, by a physician, of a major organ. Each major organ transplanted is a major organ transplant eligible for the Major Organ Transplant Surgery Benefit in this rider, even if multiple major organ transplants are performed in one surgical procedure.

National Transplant List means the database containing information on all people in the United States and Puerto Rico who are waiting for one or more major organ transplants, as mandated by the National Organ Transplant Act.

Pathological diagnosis means identification of cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis is in keeping with the standards set by the American Board of Pathology.

Policy means the group policy to which this rider is attached.

Rider effective date means the effective date of coverage under this rider. The rider effective date is the policy effective date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider effective date is the effective date assigned by our home office.

Stroke means the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. There must be evidence of permanent neurological deficit.

BENEFIT INFORMATION

We pay the following benefit(s) when a covered person is diagnosed with a critical illness described in this rider if:

1. the date of diagnosis is after the effective date of this rider;
2. the date of diagnosis is while this rider is in force; and
3. the critical illness is not excluded by name or specific description.

Each critical illness must be diagnosed by a physician qualified to make such diagnosis. Claims for benefits not satisfying all the criteria for diagnosis may be subject to review by an independent physician consultant.

A covered person can receive a benefit for each critical illness only once, unless the Reoccurrence of Critical Illness Benefits provision is included in the coverage.

[A covered person can receive benefits for different critical illnesses described in this rider if the dates of diagnosis for each critical illness are separated by at least 30 days.]

Initial Critical Illness Benefits

[These benefits are not subject to the CONTINUATION OF INSURANCE (COBRA) provision.]

The benefit amount for each Initial Critical Illness is the percentage shown below for that Initial Critical Illness multiplied by the Basic Benefit Amount for the Initial Critical Illness Benefit shown on the Policy Specifications page applicable to the covered person.

| Initial Critical Illness | Percentage of Basic Benefit Amount |
|---------------------------------|------------------------------------|
| Heart Attack | [100%] |
| Stroke | [100%] |
| End Stage Renal Failure | [100%] |
| Major Organ Transplant | [100%] |
| Coronary Artery By-Pass Surgery | [25%] |

The date of diagnosis for Heart Attack is the date of death (infarction) of a portion of the heart muscle. The diagnosis must be based on both:

1. new electrocardiographic changes; and
2. elevation of cardiac enzymes or biochemical markers showing a pattern and to a level consistent with a diagnosis of heart attack.

The date of diagnosis for Stroke is the date the stroke occurred based on documented neurological deficits and neuroimaging studies.

The date of diagnosis for End Stage Renal Failure is the date renal dialysis first begins due to the irreversible failure of both kidneys to perform their essential functions.

A major organ transplant benefit is payable when a covered person is placed on the National Transplant List or undergoes the performance of a surgical transplantation of a major organ.

1. **Major Organ Transplant Candidate Benefit.** A covered person is placed on the National Transplant List as an active or an inactive candidate for a major organ transplant. The Major Organ Transplant Candidate Benefit is not payable if we have previously paid:
 - a. the Major Organ Transplant Candidate Benefit on the covered person, for any reason; or
 - b. the Major Organ Transplant Surgery Benefit on the covered person for the same major organ.
2. **Major Organ Transplant Surgery Benefit.** A covered person undergoes a major organ transplant, performed by a physician. The Major Organ Transplant Surgery Benefit is not payable if we have previously paid the Major Organ Transplant Candidate Benefit on the covered person for the same major organ. If we paid the Major Organ Transplant Candidate Benefit for a covered person listed as a candidate for multiple major organ transplants, only the first one of those major organs transplanted will be considered the same major organ.

The date of loss for Major Organ Transplant is the date a covered person:

1. is placed on the National Transplant List, as an active or an inactive candidate, for a major organ transplant; or
2. [undergoes the actual surgery for a major organ transplant][is required by a physician to undergo a major organ transplant].

The date of loss for Coronary Artery By-Pass Surgery [is the date the actual coronary artery by-pass surgery occurs][the date a cardiologist requires that the covered person undergo a coronary artery by-pass surgery].

BENEFIT INFORMATION (Continued)

[Reoccurrence of Critical Illness Benefits

We will pay a benefit for a reoccurrence of a critical illness if a covered person is diagnosed for a second time with an initial critical illness for which a benefit was previously paid under the Initial Critical Illness Benefits provision if:

1. the second date of diagnosis is more than [12 months] after the first date of diagnosis for the initial critical illness; and
2. the second date of diagnosis is while the covered person is insured under this rider.

The benefit amount is equal to the benefit amount previously paid for that initial critical illness. A covered person can receive a benefit for a reoccurrence of a critical illness only once for each initial critical illness.]

[Cancer Critical Illness Benefits

The benefit amount for each Cancer Critical Illness is the percentage shown below for that Cancer Critical Illness multiplied by the Basic Benefit Amount for the Initial Critical Illness Benefit shown on the Policy Specifications page applicable to the covered person.

| Cancer Critical Illness | Percentage of Basic Benefit Amount |
|-------------------------|------------------------------------|
| Carcinoma In Situ | [25%] |
| Invasive Cancer | [100%] |

A Cancer Critical Illness must be diagnosed in one of two ways:

1. pathological diagnosis, or
2. clinical diagnosis.

The date of diagnosis for Cancer Critical Illness is the day the tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.

The “first diagnosis of cancer” includes a diagnosis of a reoccurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the reoccurrence, the covered person is free of any symptoms and treatment of the cancer for the [12] consecutive months immediately preceding the effective date of coverage or any [12] consecutive months thereafter.

For purposes of this benefit, “treatment” does not include maintenance drug therapy or routine follow-up office visits to verify if the Cancer Critical Illness has returned.

“Maintenance drug therapy” means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer reoccurrence rather than the palliation or suppression of a cancer that is still present.]

[Reoccurrence of Cancer Critical Illness Benefits

We will pay a benefit for a reoccurrence of cancer critical illness if a covered person is diagnosed for a second time with a cancer critical illness for which a benefit was previously paid under the Cancer Critical Illness Benefits provision if:

1. the second date of diagnosis is more than [12 months] after the first date of diagnosis for the cancer critical illness;
2. the covered person did not receive treatment during that [12 month] period; and
3. the second date of diagnosis is while the covered person is insured under this rider.

The benefit amount is equal to the benefit amount previously paid for that cancer critical illness. A covered person can receive a benefit for a reoccurrence of a cancer critical illness only once for each cancer critical illness.

For purposes of this benefit, “treatment” does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer critical illness has returned.]

LIMITATIONS AND EXCLUSIONS

The [Pre-existing Condition Limitation and] Exclusions provision[s] of the policy [apply] [applies] to this rider. In addition to the Exclusions provision of the policy, the following exclusions apply to this rider:

We do not pay any benefit for:

1. any condition or loss not described in this rider; or
2. any injury sustained while the covered person is under the influence of alcohol or any drug, unless administered and taken as prescribed by a physician.

Heart Attack does not include an established (old) myocardial infarction or cardiac arrest.

Stroke does not include: transient ischemic attacks (TIA's), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits.

End stage renal failure does not include renal failure caused by a traumatic event, including surgical traumas.

No benefit is payable for major organ transplants using mechanical or non-human organs.

Coronary Artery By-Pass Surgery does not include: abdominal aortic bypass; balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

[Carcinoma In Situ does not include:

1. other skin malignancies;
2. pre-malignant lesions (such as intraepithelial neoplasia); or
3. benign tumors or polyps.

Invasive Cancer does not include:

1. Carcinoma In Situ;
2. skin cancer other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic; or
3. early prostate (stages A, I or II) cancer.]


TERMINATION

The insured [employee's or member's] coverage under this rider terminates at the earliest of:

1. the date the group policy is canceled;
2. the last day of the period for which any required premium payments were made;
3. the [last day] the insured [employee or member] is [actively employed with the employer] [or] [a member in good standing in the labor union, association or other entity] that is the policyholder[, except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision];
4. the date the insured [employee or member] is no longer in an eligible class;
5. the date the insured [employee's or member's] class is no longer eligible; or
6. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under the policy or any attached rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.


[Secretary]


[President]

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

CRITICAL ILLNESS BENEFIT RIDER

[This rider is made part of the certificate to which it is attached and is effective as of the rider effective date which is [xx/xx/xx].]

Limited Benefit Please Read Carefully

This rider is issued in consideration of the rider premium and the written request for the rider. Benefits are paid in addition to the benefits of the certificate to which it is attached. Every definition, term, condition, and provision of the certificate applies to this rider, unless otherwise defined or provided in this rider.

DEFINITIONS

[(Definitions may contain terms that are not included in the coverage selected)]

Carcinoma in situ means a cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma In Situ includes:

1. early prostate cancer diagnosed as stages A, I or II or equivalent staging; and
2. melanoma not invading the dermis.

Certificate means the certificate to which this rider is attached.

Clinical diagnosis means a clinical identification of cancer based on history, laboratory study, and symptoms. We will pay benefits for a clinical diagnosis only if:

1. a pathological diagnosis cannot be made because it is medically inappropriate or life-threatening; and
2. there is medical evidence to support the diagnosis.

Coronary artery by-pass surgery means the surgical operation to correct narrowing or blockage of one or more coronary arteries with by-pass grafts [on the advice of a cardiologist registered in the United States]. Angiographic evidence to support the necessity for this surgery will be required.

Critical illness means one of the critical illnesses described in this rider, for which a benefit may be paid.

End stage renal failure means the irreversible failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis.

Heart attack means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area.

Invasive cancer means malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Invasive cancer includes leukemia and lymphoma.

Major organ means the heart, lungs, liver, pancreas, or kidneys. Lungs and kidneys are each one major organ regardless of whether one or both lungs, or one or both kidneys, are transplanted.

Major organ transplant means the surgical transplant, by a physician, of a major organ. Each major organ transplanted is a major organ transplant eligible for the Major Organ Transplant Surgery Benefit in this rider, even if multiple major organ transplants are performed in one surgical procedure.

National Transplant List means the database containing information on all people in the United States and Puerto Rico who are waiting for one or more major organ transplants, as mandated by the National Organ Transplant Act.

Pathological diagnosis means identification of cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis is in keeping with the standards set by the American Board of Pathology.

Rider effective date means the effective date of coverage under this rider. The rider effective date is the certificate effective date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider effective date is the effective date assigned by our home office.

Stroke means the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. There must be evidence of permanent neurological deficit.

BENEFIT INFORMATION

We pay the following benefit(s) when a covered person is diagnosed with a critical illness described in this rider if:

1. the date of diagnosis is after the effective date of this rider;
2. the date of diagnosis is while this rider is in force; and
3. the critical illness is not excluded by name or specific description.

Each critical illness must be diagnosed by a physician qualified to make such diagnosis. Claims for benefits not satisfying all the criteria for diagnosis may be subject to review by an independent physician consultant.

A covered person can receive a benefit for each critical illness only once[, unless the Reoccurrence of Critical Illness Benefits provision is included in the coverage].

[A covered person can receive benefits for different critical illnesses described in this rider if the dates of diagnosis for each critical illness are separated by at least 30 days.]

Initial Critical Illness Benefits

[These benefits are not subject to the CONTINUATION OF INSURANCE (COBRA) provision.]

The benefit amount for each Initial Critical Illness is the percentage shown below for that Initial Critical Illness multiplied by the Basic Benefit Amount for the Initial Critical Illness Benefit shown on the [Certificate Specifications page] applicable to the covered person.

| Initial Critical Illness | Percentage of Basic Benefit Amount |
|---------------------------------|------------------------------------|
| Heart Attack | [100%] |
| Stroke | [100%] |
| End Stage Renal Failure | [100%] |
| Major Organ Transplant | [100%] |
| Coronary Artery By-Pass Surgery | [25%] |

The date of diagnosis for Heart Attack is the date of death (infarction) of a portion of the heart muscle. The diagnosis must be based on both:

1. new electrocardiographic changes; and
2. elevation of cardiac enzymes or biochemical markers showing a pattern and to a level consistent with a diagnosis of heart attack.

The date of diagnosis for Stroke is the date the stroke occurred based on documented neurological deficits and neuroimaging studies.

The date of diagnosis for End Stage Renal Failure is the date renal dialysis first begins due to the irreversible failure of both kidneys to perform their essential functions.

A major organ transplant benefit is payable when a covered person is placed on the National Transplant List or undergoes the performance of a surgical transplantation of a major organ.

1. **Major Organ Transplant Candidate Benefit.** A covered person is placed on the National Transplant List as an active or an inactive candidate for a major organ transplant. The Major Organ Transplant Candidate Benefit is not payable if we have previously paid:
 - a. the Major Organ Transplant Candidate Benefit on the covered person, for any reason; or
 - b. the Major Organ Transplant Surgery Benefit on the covered person for the same major organ.
2. **Major Organ Transplant Surgery Benefit.** A covered person undergoes a major organ transplant, performed by a physician. The Major Organ Transplant Surgery Benefit is not payable if we have previously paid the Major Organ Transplant Candidate Benefit on the covered person for the same major organ. If we paid the Major Organ Transplant Candidate Benefit for a covered person listed as a candidate for multiple major organ transplants, only the first one of those major organs transplanted will be considered the same major organ.

The date of loss for Major Organ Transplant is the date a covered person:

1. is placed on the National Transplant List, as an active or an inactive candidate, for a major organ transplant; or
2. [undergoes the actual surgery for a major organ transplant][is required by a physician to undergo a major organ transplant].

The date of loss for Coronary Artery By-Pass Surgery [is the date the actual coronary artery by-pass surgery occurs][the date a cardiologist requires that the covered person undergo a coronary artery by-pass surgery].

BENEFIT INFORMATION (Continued)

[Reoccurrence of Critical Illness Benefits]

We will pay a benefit for a reoccurrence of a critical illness if a covered person is diagnosed for a second time with an initial critical illness for which a benefit was previously paid under the Initial Critical Illness Benefits provision if:

1. the second date of diagnosis is more than **[12 months]** after the first date of diagnosis for the initial critical illness; and
2. the second date of diagnosis is while the covered person is insured under this rider.

The benefit amount is equal to the benefit amount previously paid for that initial critical illness. A covered person can receive a benefit for a reoccurrence of a critical illness only once for each initial critical illness.]

[Cancer Critical Illness Benefits]

The benefit amount for each Cancer Critical Illness is the percentage shown below for that Cancer Critical Illness multiplied by the Basic Benefit Amount for the Initial Critical Illness Benefit shown on the **[Certificate Specifications page]** applicable to the covered person.

| Cancer Critical Illness | Percentage of Basic Benefit Amount |
|-------------------------|------------------------------------|
| Carcinoma In Situ | [25%] |
| Invasive Cancer | [100%] |

A Cancer Critical Illness must be diagnosed in one of two ways:

1. pathological diagnosis, or
2. clinical diagnosis.

The date of diagnosis for Cancer Critical Illness is the day the tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.

The “first diagnosis of cancer” includes a diagnosis of a reoccurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the reoccurrence, the covered person is free of any symptoms and treatment of the cancer for the **[12]** consecutive months immediately preceding the effective date of coverage or any **[12]** consecutive months thereafter.

For purposes of this benefit, “treatment” does not include maintenance drug therapy or routine follow-up office visits to verify if the Cancer Critical Illness has returned.

“Maintenance drug therapy” means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer reoccurrence rather than the palliation or suppression of a cancer that is still present.]

[Reoccurrence of Cancer Critical Illness Benefits]

We will pay a benefit for a reoccurrence of cancer critical illness if a covered person is diagnosed for a second time with a cancer critical illness for which a benefit was previously paid under the Cancer Critical Illness Benefits provision if:

1. the second date of diagnosis is more than **[12 months]** after the first date of diagnosis for the cancer critical illness;
2. the covered person did not receive treatment during that **[12 month]** period; and
3. the second date of diagnosis is while the covered person is insured under this rider.

The benefit amount is equal to the benefit amount previously paid for that cancer critical illness. A covered person can receive a benefit for a reoccurrence of a cancer critical illness only once for each cancer critical illness.

For purposes of this benefit, “treatment” does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer critical illness has returned.]

LIMITATIONS AND EXCLUSIONS

The [Pre-existing Condition Limitation and] Exclusions provision[s] of the certificate [apply] [applies] to this rider. In addition to the Exclusions provision of the certificate, the following exclusions apply to this rider:

We do not pay any benefit for:

1. any condition or loss not described in this rider; or
2. any injury sustained while the covered person is under the influence of alcohol or any drug, unless administered and taken as prescribed by a physician.

Heart Attack does not include an established (old) myocardial infarction or cardiac arrest.

Stroke does not include: transient ischemic attacks (TIA's), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits.

End stage renal failure does not include renal failure caused by a traumatic event, including surgical traumas.

No benefit is payable for major organ transplants using mechanical or non-human organs.

Coronary Artery By-Pass Surgery does not include: abdominal aortic bypass; balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

[Carcinoma In Situ does not include:

1. other skin malignancies;
2. pre-malignant lesions (such as intraepithelial neoplasia); or
3. benign tumors or polyps.

Invasive Cancer does not include:


1. Carcinoma In Situ;
2. skin cancer other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic; or
3. early prostate (stages A, I or II) cancer.]

TERMINATION

This rider terminates at the earliest of:

1. the date the certificate is canceled;
2. the date the group policy is canceled;
3. the last day of the period for which any required premium payments were made;
4. the [last day] you are in [active] employment with your employer [and/or] [a member in good standing in the labor union, association or other entity] that is the policyholder[, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision];
5. the date you are no longer in an eligible class;
6. the date your class is no longer eligible; or
7. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under the certificate or any attached rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.

[]

Secretary

[]

President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

ACCIDENT BENEFIT RIDER

[This rider is made part of the policy to which it is attached and is effective as of the rider effective date which is [xx/xx/xx].]

Limited Benefit Please Read Carefully

This rider is issued in consideration of the rider premium and the written request for the rider. Benefits are paid in addition to the benefits of the policy to which it is attached. Every definition, term, condition, and provision of the policy applies to this rider, unless otherwise defined or provided in this rider.

DEFINITIONS

[(Definitions may contain terms that are not included in the coverage selected)]

Accident means a sudden, unforeseen, and unexpected event which occurs without the covered person's intent and results in an injury to the person independent of disease, infirmity, or any other cause.

Hospital emergency room means a hospital area equipped and staffed for the reception and prompt treatment of sudden illness, trauma, and major life threatening emergencies. A hospital emergency room has immediate access to operating rooms and critical care units and provides 24-hour care, seven days per week. A hospital emergency room also includes a satellite emergency center with a nearby acute-care hospital.

Injury means accidental bodily harm or damage to a covered person, caused solely by external means, and not contributed to by any disease, infirmity, the medical or surgical treatment of disease or infirmity, or any other cause. An injury must occur while coverage under this rider is in force, and must be the direct cause of the loss which results in medical treatment received within 180 days after the injury is sustained. All injuries sustained in any 1 accident and all complications and recurrences of complications are considered to be a single "injury".

Major life threatening emergency means a sudden, severe injury that requires immediate medical attention, within 24 hours of onset, in order to avoid serious dysfunction of a bodily organ or to avoid placing a person's life or health in serious jeopardy.

Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a truck; a boat; a motorcycle; or an all-terrain vehicle.

Off the job accident means any accident that is not an on the job accident.

On the job accident means an accident which occurs during the course of a covered person's working for pay or profit. If the covered person is covered by workers' compensation, the accident is an on the job accident. If the covered person is not covered by workers' compensation and the injury occurs while the covered person is working for pay or profit in the course of the covered person's regular and/or part time occupation, the accident is an on the job accident.

Outpatient immediate care of minor emergency means the treatment of injuries that require prompt attention to avoid undesired consequences, but does not pose an immediate threat to a person's life.

Policy means the group policy to which this rider is attached.

Rider effective date means the effective date of coverage under this rider. The rider effective date is the policy effective date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider effective date is the effective date assigned by our home office in accordance with our coverage dating rules in effect at the time this rider is issued.

Under the influence means that the covered person's blood alcohol level met or exceeded .08%.

Urgent care facility means a walk-in health care facility focused on the delivery of outpatient immediate care of minor emergencies and non-life threatening injury or illness outside of a hospital emergency room. An urgent care facility is organizationally separate from a hospital, it cannot provide treatment for major life threatening emergencies and does not have immediate access to an operating room and critical care unit.

BENEFIT INFORMATION

We pay the following benefits for a loss if, while this rider is in force, a covered person sustains an injury as a result of an [off the job] accident. The injury must be diagnosed by a physician and the services or losses described below must be provided, received, or occur within 180 days of the covered accident, or unless otherwise stated. Any loss not stated in the Benefit Information provision is not covered under this rider. The services or loss must be received or occur in the United States or its territories.

[Dislocation/Fracture:

We pay the amount shown on the Policy Specifications page, multiplied by the applicable factor in the Schedule of Benefit Factors. If more than 1 dislocation or fracture is sustained in any 1 injury, the total amount we will pay for the multiple dislocations or fractures will not exceed the scheduled maximum benefit amount shown on the Policy Specifications page. No benefit will be paid for any dislocation or fracture that is not listed in the Schedule of Benefit Factors.

SCHEDULE OF BENEFIT FACTORS

| For the Complete Dislocation of: | Factor | For Complete, Simple or Closed Fracture of Bone or Bones of: | Factor |
|-----------------------------------------------|--------|--------------------------------------------------------------|--------|
| Hip Joint | 1.00 | Skull (except bones of face or nose) | 0.95 |
| Knee Joint (except Patella) | 0.40 | Hip, Thigh (Femur) | 1.00 |
| Bone or Bones of the Foot, other than Toes | 0.40 | Pelvis (except Coccyx) | 1.00 |
| Ankle Joint | 0.40 | Arm, between Shoulder and Elbow (shaft) | 0.55 |
| Wrist Joint | 0.35 | Shoulder Blade (Scapula) | 0.55 |
| Elbow Joint | 0.30 | Leg (Tibia or Fibula) | 0.55 |
| Shoulder Joint | 0.20 | Ankle | 0.40 |
| Bone or Bones of the Hand, other than Fingers | 0.15 | Knee Cap (Patella) | 0.40 |
| Collar Bone | 0.15 | Collar Bone (Clavicle) | 0.40 |
| Two or more Fingers | 0.07 | Forearm (Radius or Ulna) | 0.40 |
| Two or more Toes | 0.07 | Foot (except Toes) | 0.35 |
| One Finger or One Toe | 0.03 | Hand or Wrist (except Fingers) | 0.35 |
| | | Lower Jaw (except Alveolar Process) | 0.20 |
| | | Two or More Ribs, Fingers or Toes | 0.15 |
| | | Bones of Face or Nose | 0.15 |
| | | One Rib, Finger or Toe | 0.07 |
| | | Coccyx | 0.07] |

[Accident Treatment and Urgent Care:

- Ground Ambulance:** We pay the amount shown on the Policy Specifications page if a covered person requires ground ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.
- Air Ambulance:** We pay the amount shown on the Policy Specifications page if a covered person requires air ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.
- Accident Physician's Treatment:** We pay the amount shown on the Policy Specifications page if a covered person receives treatment by a physician. This benefit is payable only once per covered person, per accident.
- X-Ray:** We pay the amount shown on the Policy Specifications page if a covered person receives x-rays. This benefit is payable only once per covered person, per accident.
- Urgent Care:** We pay the amount shown on the Policy Specifications page if a covered person receives services at an urgent care facility. This benefit is payable only once per covered person, per accident.]

BENEFIT INFORMATION (Continued)

[Hospital Emergency Room Services:

We pay the amount shown on the Policy Specifications page if a covered person, as a result of an injury, receives hospital emergency room services. This benefit is payable only once per covered person, per accident.]

[Accident Follow-Up Treatment: We pay the amount shown on the Policy Specifications page for each day a covered person receives follow-up treatment. We pay for 1 follow-up treatment per day for up to a maximum of [2] treatments per covered person, per accident.

Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis and must be for injuries sustained in an accident.]

[LIMITATIONS AND] EXCLUSIONS

[The Pre-Existing Condition Limitation provision of the policy does not apply to this rider.] In addition to the Exclusions provision of the policy, the following exclusions apply to this rider:

We will not pay any benefits for any loss that is caused by, contributed to by, or results from:

1. Any food poisoning or bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound);
2. Hernia, including complications due to hernia;
3. Any surgery for cosmetic purposes, or complication thereof (except when such surgery is performed to treat an injury, for which coverage is not otherwise excluded under this rider);
4. The covered person's operation of a motor vehicle while under the influence of alcohol;
5. The use of alcohol in combination with any drug, medication, or substance;
6. The voluntary inhalation of poison, gas, or fumes[; or]
7. The use of any drug, medication or substance, unless it is taken or used as prescribed by a physician[; or]
8. An injury that occurred as a result of an on the job accident].

Any injury incurred while a covered person is an active member of the Military, Naval, or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.


TERMINATION

The insured [employee's or member's] coverage under this rider terminates at the earliest of:

1. the date the group policy is canceled;
2. the last day of the period for which any required premium payments were made;
3. the [last day] the insured [employee or member] is [actively employed with the employer] [or] [a member in good standing in the labor union, association or other entity] that is the policyholder[, except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision];
4. the date the insured [employee or member] is no longer in an eligible class;
5. the date the insured [employee's or member's] class is no longer eligible; or
6. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under the policy or any attached rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.

[]
Secretary

[]
President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

ACCIDENT BENEFIT RIDER

[This rider is made part of the certificate to which it is attached and is effective as of the rider effective date which is [xx/xx/xx].]

Limited Benefit Please Read Carefully

This rider is issued in consideration of the rider premium and the written request for the rider. Benefits are paid in addition to the benefits of the certificate to which it is attached. Every definition, term, condition, and provision of the certificate applies to this rider, unless otherwise defined or provided in this rider.

DEFINITIONS

[(Definitions may contain terms that are not included in the coverage selected)]

Accident means a sudden, unforeseen, and unexpected event which occurs without the covered person's intent and results in an injury to the person independent of disease, infirmity, or any other cause.

Certificate means the certificate to which this rider is attached.

Hospital emergency room means a hospital area equipped and staffed for the reception and prompt treatment of sudden illness, trauma, and major life threatening emergencies. A hospital emergency room has immediate access to operating rooms and critical care units and provides 24-hour care, seven days per week. A hospital emergency room also includes a satellite emergency center with a nearby acute-care hospital.

Injury means accidental bodily harm or damage to a covered person, caused solely by external means, and not contributed to by any disease, infirmity, the medical or surgical treatment of disease or infirmity, or any other cause. An injury must occur while coverage under this rider is in force, and must be the direct cause of the loss which results in medical treatment received within 180 days after the injury is sustained. All injuries sustained in any 1 accident and all complications and recurrences of complications are considered to be a single "injury".

Major life threatening emergency means a sudden, severe injury that requires immediate medical attention, within 24 hours of onset, in order to avoid serious dysfunction of a bodily organ or to avoid placing a person's life or health in serious jeopardy.

Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a truck; a boat; a motorcycle; or an all-terrain vehicle.

Off the job accident means any accident that is not an on the job accident.

On the job accident means an accident which occurs during the course of a covered person's working for pay or profit. If the covered person is covered by workers' compensation, the accident is an on the job accident. If the covered person is not covered by workers' compensation and the injury occurs while the covered person is working for pay or profit in the course of the covered person's regular and/or part time occupation, the accident is an on the job accident.

Outpatient immediate care of minor emergency means the treatment of injuries that require prompt attention to avoid undesired consequences, but does not pose an immediate threat to a person's life.

Rider effective date means the effective date of coverage under this rider. The rider effective date is the certificate effective date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider effective date is the effective date assigned by our home office in accordance with our coverage dating rules in effect at the time this rider is issued.

Under the influence means that the covered person's blood alcohol level met or exceeded .08%.

Urgent care facility means a walk-in health care facility focused on the delivery of outpatient immediate care of minor emergencies and non-life threatening injury or illness outside of a hospital emergency room. An urgent care facility is organizationally separate from a hospital, it cannot provide treatment for major life threatening emergencies and does not have immediate access to an operating room and critical care unit.

BENEFIT INFORMATION

We pay the following benefits for a loss if, while this rider is in force, a covered person sustains an injury as a result of an [off the job] accident. The injury must be diagnosed by a physician and the services or losses described below must be provided, received, or occur within 180 days of the covered accident, or unless otherwise stated. Any loss not stated in the Benefit Information provision is not covered under this rider. The services or loss must be received or occur in the United States or its territories.

[Dislocation/Fracture:

We pay the amount shown on the [Certificate Specifications page] page, multiplied by the applicable factor in the Schedule of Benefit Factors. If more than 1 dislocation or fracture is sustained in any 1 injury, the total amount we will pay for the multiple dislocations or fractures will not exceed the scheduled maximum benefit amount shown on the [Certificate Specifications page]. No benefit will be paid for any dislocation or fracture that is not listed in the Schedule of Benefit Factors.

SCHEDULE OF BENEFIT FACTORS

| For the Complete Dislocation of: | Factor | For Complete, Simple or Closed Fracture of Bone or Bones of: | Factor |
|-----------------------------------------------|--------|--------------------------------------------------------------|--------|
| Hip Joint | 1.00 | Skull (except bones of face or nose) | 0.95 |
| Knee Joint (except Patella) | 0.40 | Hip, Thigh (Femur) | 1.00 |
| Bone or Bones of the Foot, other than Toes | 0.40 | Pelvis (except Coccyx) | 1.00 |
| Ankle Joint | 0.40 | Arm, between Shoulder and Elbow (shaft) | 0.55 |
| Wrist Joint | 0.35 | Shoulder Blade (Scapula) | 0.55 |
| Elbow Joint | 0.30 | Leg (Tibia or Fibula) | 0.55 |
| Shoulder Joint | 0.20 | Ankle | 0.40 |
| Bone or Bones of the Hand, other than Fingers | 0.15 | Knee Cap (Patella) | 0.40 |
| Collar Bone | 0.15 | Collar Bone (Clavicle) | 0.40 |
| Two or more Fingers | 0.07 | Forearm (Radius or Ulna) | 0.40 |
| Two or more Toes | 0.07 | Foot (except Toes) | 0.35 |
| One Finger or One Toe | 0.03 | Hand or Wrist (except Fingers) | 0.35 |
| | | Lower Jaw (except Alveolar Process) | 0.20 |
| | | Two or More Ribs, Fingers or Toes | 0.15 |
| | | Bones of Face or Nose | 0.15 |
| | | One Rib, Finger or Toe | 0.07 |
| | | Coccyx | 0.07] |

[Accident Treatment and Urgent Care:

- Ground Ambulance:** We pay the amount shown on the [Certificate Specifications page] if a covered person requires ground ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.
- Air Ambulance:** We pay the amount shown on the [Certificate Specifications page] if a covered person requires air ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.
- Accident Physician's Treatment:** We pay the amount shown on the [Certificate Specifications page] if a covered person receives treatment by a physician. This benefit is payable only once per covered person, per accident.
- X-Ray:** We pay the amount shown on the [Certificate Specifications page] if a covered person receives x-rays. This benefit is payable only once per covered person, per accident.
- Urgent Care:** We pay the amount shown on the [Certificate Specifications page] if a covered person receives services at an urgent care facility. This benefit is payable only once per covered person, per accident.]

BENEFIT INFORMATION (Continued)

[Hospital Emergency Room Services:

We pay the amount shown on the [Certificate Specifications page] if a covered person, as a result of an injury, receives hospital emergency room services. This benefit is payable only once per covered person, per accident.]

[Accident Follow-Up Treatment: We pay the amount shown on the [Certificate Specifications page] for each day a covered person receives follow-up treatment. We pay for 1 follow-up treatment per day for up to a maximum of [2] treatments per covered person, per accident.

Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis and must be for injuries sustained in an accident.]

[LIMITATIONS AND] EXCLUSIONS

[The Pre-Existing Condition Limitation provision of the certificate does not apply to this rider.] In addition to the Exclusions provision of the certificate, the following exclusions apply to this rider:

We will not pay any benefits for any loss that is caused by, contributed to by, or results from:

1. Any food poisoning or bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound);
2. Hernia, including complications due to hernia;
3. Any surgery for cosmetic purposes, or complication thereof (except when such surgery is performed to treat an injury, for which coverage is not otherwise excluded under this rider);
4. The covered person's operation of a motor vehicle while under the influence of alcohol;
5. The use of alcohol in combination with any drug, medication, or substance;
6. The voluntary inhalation of poison, gas, or fumes[; or]
7. The use of any drug, medication or substance, unless it is taken or used as prescribed by a physician[; or
8. An injury that occurred as a result of an on the job accident].

Any injury incurred while a covered person is an active member of the Military, Naval, or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.


TERMINATION

This rider terminates at the earliest of:

1. the date the certificate is canceled;
2. the date the group policy is canceled;
3. the last day of the period for which any required premium payments were made;
4. the [last day] you are in [active] employment with your employer [and/or] [a member in good standing in the labor union, association or other entity] that is the policyholder[, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision];
5. the date you are no longer in an eligible class;
6. the date your class is no longer eligible; or
7. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under the certificate or any attached rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.

[]
Secretary

[]
President

| | | | | | |
|-----------------------------|-----------------------------------------------------------------------------|--------------------------|------------------------------------------|----------------------------|-------|
| SERFF Tracking #: | MMTA-131432654 | State Tracking #: | | Company Tracking #: | AWD17 |
| | | | | | |
| State: | District of Columbia | Filing Company: | American Heritage Life Insurance Company | | |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | | | |
| Product Name: | Group Hospital Indemnity | | | | |
| Project Name/Number: | ACC and CI Riders/AWD17 | | | | |

Rate Information

Rate data does NOT apply to filing.

| | | | |
|-----------------------------|-----------------------------------------------------------------------------|------------------------|------------------------------------------|
| State: | District of Columbia | Filing Company: | American Heritage Life Insurance Company |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | |
| Product Name: | Group Hospital Indemnity | | |
| Project Name/Number: | ACC and CI Riders/AWD17 | | |

Supporting Document Schedules

| | |
|--------------------------|-------------------------------------------------|
| Satisfied - Item: | Readability Certification |
| Comments: | |
| Attachment(s): | AWD17.DC.Readability Certification.20180501.pdf |
| Item Status: | APPROVED |
| Status Date: | 05/08/2018 |

| | |
|--------------------------|--------------------------------------------|
| Satisfied - Item: | Letter of Authorization |
| Comments: | |
| Attachment(s): | AWD17.letter of authorization.20180402.pdf |
| Item Status: | APPROVED |
| Status Date: | 05/08/2018 |

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Satisfied - Item: | Statements of Variability |
| Comments: | |
| Attachment(s): | AWD17.DC.Statement of Variability - GPSACC, et al.20180501.pdf AWD17.DC.Statement of Variability - GPSCI, et al.20180501.pdf |
| Item Status: | APPROVED |
| Status Date: | 05/08/2018 |

| | |
|--------------------------|--------------------------------|
| Satisfied - Item: | Cover Letter |
| Comments: | |
| Attachment(s): | AWD17.DC.Forms.CoverLetter.pdf |
| Item Status: | APPROVED |
| Status Date: | 05/08/2018 |



AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Policy Review Section, District of Columbia Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

| <u>Form</u> | <u>Score</u> |
|-------------|--------------|
| GPSCIDC | 50.93 |
| GCSCIDC | 50.45 |
| GPSACCDC | 55.43 |
| GCSACCDC | 56.33 |

Date: April 26, 2018

Diane D. Ierna
Assistant Vice President, Product Support Department



American Heritage Life Insurance Company

Jacksonville, FL. 32224-6687

LETTER OF THIRD PARTY AUTHORIZATION

March 30, 2018

Dear State Regulator:

We hereby authorize:

Milliman, Inc.
Consultants and Actuaries
3000 Bayport Dr., Suite 1050
Tampa, FL 33607

to submit form and/or rate filings on behalf of American Heritage Life Insurance Company.

This authorization shall remain valid until revoked by us.

Signature

Diane D. Ierna
Assistant Vice President, Product Support
Department

American Heritage Life Insurance Company (AHL)

Variables for Group Voluntary Accident Rider Form (GPSACCDC)

The following explain the variables included in the rider. The term “employee” is also intended to include “member of an association or union”.

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------|
| All | Varies | Throughout the rider, instead of using “employee or member” or “employee’s or member’s”, the policy may be issued with the terms “employee” or “employee’s” for employer groups; or if issued to a union or an association group, the rider may be issued with the terms “member” or “member’s”. | “employee or member/ employee’s or member’s”; or “employee/employee’s”; or “member/member’s” | |
| 1 | Home Office address | The home office address of the company will be on all policies and will be the current home office address of AHL. | | |
| 1 | Rider Effective Date | This sentence will be included if the rider is attached after the policy it is issued. The rider effective date will be inserted. | | January 1 to December 31 |
| 1 | Definitions [(Definitions may contain terms that are not included in the coverage selected)] | This statement may be deleted if the form is implemented for a specific policyholder who requests language that is not applicable to their coverage be removed upon issue. | | |
| 1 | Off the job accident | The definition of “off the job accident” will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 1 | On the job accident | The definition of “on the job accident” will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 2 | Benefit Information | We may remove the phrase “off the job” if the rider is issued to cover on and off the job accidents. | | |
| 2 | Dislocation/Fracture | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 2 | Accident Treatment and Urgent Care | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 3 | Hospital Emergency Room Services | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Accident Follow-up Treatment | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Accident Follow-up Treatment | The maximum number of treatments paid for covered person, per accident may vary. | | 1 to 10 |
| 3 | Limitations and Exclusions | The phrase "The Pre-existing Condition Limitation provision of the policy does not apply to this rider" may be removed if there is no Pre-Existing Condition Limitation in the policy when issued. | | |
| 3 | Limitations and Exclusions | The exclusion "an injury that occurred as a result of an on the job accident" will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 3 | Termination | Termination of the primary insured can vary depending on the policyholder's preference for billing purposes. | "last day; or "next certificate anniversary date after"; or "end of the month"; or "end of the following month"; or "end of the calendar year"; or "next coverage anniversary following the day"; or "day of the month that follows when". | |
| 3 | Termination | References to "actively employed" will be removed if the eligible class will include temporary, seasonal, or retired employees. | "actively employed with your employer"; or "employed with your employer" | |
| 3 | Termination | The phrase to "a member in good standing in the labor union, association or other entity" will be removed if the eligible class will include employees. | "a member in good standing in the labor union, association or other entity" | |
| 3 | Termination | References to "Temporary Layoff", "Leave of Absence" and/or "Family and Medical Leave of Absence" will be revised to match the actual provision. | ", except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision"; or ", except as provided under the Temporary Layoff or Family and Medical Leave of Absence provision"; or ", except as provided under the Leave of Absence or Family and Medical Leave of Absence provision"; etc... | |
| 3 | Signatures | The signature of the Secretary and President will be on all issued riders and will be that of the current Secretary and President of AHL. | | |

Variables for Group Voluntary Accident Rider Form (GCSACCDC)

The following explain the variables included in the rider.

| Page | Provision Name | Variation | Alternative Language | Ranges |
|---------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Various | Certificate Specifications page | The phrase "Certificate Specifications page" may be replaced depending on the method that the insured's certificate is delivered to them. | "Certificate Specifications page"; or "in the certificate"; or "in your benefit statement"; or "on page 3 of the certificate" | |
| 1 | Home Office address | The home office address will be on all policies and will be the current home office address of AHL. | | |
| 1 | Rider Effective Date | This sentence will be included if the rider is attached after the policy it is issued. The rider effective date will be inserted. | | January 1 to December 31 |
| 1 | Definitions [(Definitions may contain terms that are not included in the coverage selected)] | This statement may be deleted if the form is implemented for a specific policyholder who requests language that is not applicable to their coverage be removed upon issue. | | |
| 1 | Off the job accident | The definition of "off the job accident" will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 1 | On the job accident | The definition of "on the job accident" will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 2 | Benefit Information | We may remove the phrase "off the job" if the rider is issued to cover on and off the job accidents. | | |
| 2 | Dislocation/Fracture | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 2 | Accident Treatment and Urgent Care | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Hospital Emergency Room Services | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Accident Follow-up Treatment | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Accident Follow-up Treatment | The maximum number of treatments paid for covered person, per accident may vary. | | 1 to 10 |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 3 | Limitations and Exclusions | The phrase "The Pre-existing Condition Limitation provision of the certificate does not apply to this rider" may be removed if there is no Pre-Existing Condition Limitation in the policy when issued. | | |
| 3 | Limitations and Exclusions | The exclusion "an injury that occurred as a result of an on the job accident" will be deleted if the rider is issued to cover on and off the job accidents. | | |
| 3 | Termination | Termination of the primary insured can vary depending on the policyholder's preference for billing purposes. | "last day; or "next certificate anniversary date after"; or "end of the month"; or "end of the following month"; or "end of the calendar year"; or "next coverage anniversary following the day"; or "day of the month that follows when". | |
| 3 | Termination | Reference to "active" employment will be removed if the eligible class will include temporary, seasonal, or retired employees. | "active employment with your employer"; or "employment with your employer" | |
| 3 | Termination | The phrase to "a member in good standing in the labor union, association or other entity" will be removed if the eligible class will include employees. | "a member in good standing in the labor union, association or other entity" | |
| 3 | Termination | Reference to "Temporary Layoff", "Leave of Absence" and/or "Family and Medical Leave of Absence" will be revised to match the actual provision. | " , except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision"; or " , except as provided under the Temporary Layoff or Family and Medical Leave of Absence provision"; or " , except as provided under the Leave of Absence or Family and Medical Leave of Absence provision"; etc... | |
| 3 | Signatures | The signature of the Secretary and President will be on all issued riders and will be that of the current Secretary and President of AHL. | | |

American Heritage Life Insurance Company (AHL)

Variables for Group Voluntary Critical Illness Rider Form (GPSCIDC)

The following explain the variables included in the rider. The term “employee” is also intended to include “member of an association or union”.

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------|
| All | Varies | Throughout the rider, instead of using “employee or member” or “employee’s or member’s”, the policy may be issued with the terms “employee” or “employee’s” for employer groups; or if issued to a union or an association group, the rider may be issued with the terms “member” or “member’s”. | “employee or member/ employee’s or member’s”; or “employee/employee’s”; or “member/member’s” | |
| 1 | Home Office address | The home office address of the company will be on all policies and will be the current home office address of AHL. | | |
| 1 | Rider Effective Date | This sentence will be included if the rider is attached after the policy it is issued. The rider effective date will be inserted. | | January 1 to December 31 |
| 1 | Definitions [(Definitions may contain terms that are not included in the coverage selected)] | This statement may be deleted if the form is implemented for a specific policyholder who requests language that is not applicable to their coverage be removed upon issue. | | |
| 1 | Coronary Artery By-Pass Surgery | We may remove the phrase “on the advice of a cardiologist registered in the United States”. | | |
| 2 | Benefit Information | We may remove the phrase “, unless the Reoccurrence of Critical Illness Benefits provision is included in the coverage” if the plan(s) selected by the policyholder do not include this benefit. | | |
| 2 | Benefit Information | The separation period for receipt of multiple benefits may vary. | | 30 days to 90 days |
| 2 | Initial Critical Illness Benefits | If the COBRA Continuation provision will not be included in the policy, then the statement referencing such provision will be deleted. | | |
| 2 | Initial Critical Illness Benefits | Percentages for the initial critical illnesses may vary. | | 1% to 100% |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 2 | Major Organ Transplant Surgery Benefit | The date of loss for a major organ transplant will either be the date the covered person undergoes the surgery, or the date a physician requires them to undergo the surgery. Only one of these phrases will appear in the rider when issued. | “undergoes the actual surgery for a major organ transplant”; or “is required by a physician to undergo a major organ transplant” | |
| 2 | Coronary Artery By-Pass Surgery | The date of loss for a coronary artery by-pass surgery will either be the date the covered person undergoes the surgery, or the date a physician requires them to undergo the surgery. Only one of these phrases will appear in the rider when issued. | “is the date the actual coronary artery by-pass surgery occurs”; or “the date a cardiologist requires that the covered person undergo a coronary artery by-pass surgery” | |
| 3 | Reoccurrence of Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Reoccurrence of Critical Illness Benefits | The time frame between the separations of diagnoses may vary. | | 1 month to 12 months |
| 3 | Cancer Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Cancer Critical Illness Benefits | Percentages for the cancer critical illnesses may vary. | | 1% to 100% |
| 3 | Cancer Critical Illness Benefits | The time frame between the separations of diagnoses to qualify as a “first diagnosis of cancer” may vary. | | 1 month to 12 months |
| 3 | Reoccurrence of Cancer Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Reoccurrence of Cancer Critical Illness Benefits | The time frame between the separations of diagnoses may vary. | | 1 month to 12 months |
| 4 | Limitations and Exclusions | Reference to the Pre-existing Condition Limitation will be removed if the provision does not appear in the policy that this rider is attached to. | “The Pre-existing Condition Limitation and Exclusions provisions of the policy apply to this rider. In addition to the Exclusions provision of the policy, the following exclusions apply to this rider”; or “The Exclusions provision of the policy applies to this rider. In addition to the Exclusions provision of the policy, the following exclusions apply to this rider” | |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 4 | Limitations and Exclusions | Exclusions for Carcinoma In Situ and Invasive Cancer may be removed if the policyholder chooses not to offer the Cancer Critical Illness Benefit to their employees. | | |
| 4 | Termination | Termination of the primary insured can vary depending on the policyholder's preference for billing purposes. | "last day; or "next certificate anniversary date after"; or "end of the month"; or "end of the following month"; or "end of the calendar year"; or "next coverage anniversary following the day"; or "day of the month that follows when". | |
| 4 | Termination | References to "actively employed" will be removed if the eligible class will include temporary, seasonal, or retired employees. | "actively employed with your employer"; or "employed with your employer" | |
| 4 | Termination | The phrase to "a member in good standing in the labor union, association or other entity" will be removed if the eligible class will include employees. | "a member in good standing in the labor union, association or other entity" | |
| 4 | Termination | References to "Temporary Layoff", "Leave of Absence" and/or "Family and Medical Leave of Absence" will be revised to match the actual provision. | ", except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision"; or ", except as provided under the Temporary Layoff or Family and Medical Leave of Absence provision"; or ", except as provided under the Leave of Absence or Family and Medical Leave of Absence provision"; etc... | |
| 4 | Signatures | The signature of the Secretary and President will be on all issued riders and will be that of the current Secretary and President of AHL. | | |

Variables for Group Voluntary Critical Illness Rider Form (GCSCIDC)

The following explain the variables included in the rider.

| Page | Provision Name | Variation | Alternative Language | Ranges |
|---------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Various | Certificate Specifications page | The phrase "Certificate Specifications page" may be replaced depending on the method that the insured's certificate is delivered to them. | "Certificate Specifications page"; or "in the certificate"; or "in your benefit statement"; or "on page 3 of the certificate" | |
| 1 | Home Office address | The home office address of the company will be on all policies and will be the current home office address of AHL. | | |
| 1 | Rider Effective Date | This sentence will be included if the rider is attached after the policy it is issued. The rider effective date will be inserted. | | January 1 to December 31 |
| 1 | Definitions [(Definitions may contain terms that are not included in the coverage selected)] | This statement may be deleted if the form is implemented for a specific policyholder who requests language that is not applicable to their coverage be removed upon issue. | | |
| 1 | Coronary Artery By-Pass Surgery | We may remove the phrase "on the advice of a cardiologist registered in the United States". | | |
| 2 | Benefit Information | We may remove the phrase " , unless the Reoccurrence of Critical Illness Benefits provision is included in the coverage" if the plan(s) selected by the policyholder do not include this benefit. | | |
| 2 | Benefit Information | The separation period for receipt of multiple benefits may vary. | | 30 days to 90 days |
| 2 | Initial Critical Illness Benefits | If the COBRA Continuation provision will not be included in the policy, then the statement referencing such provision will be deleted. | | |
| 2 | Initial Critical Illness Benefits | Percentages for the initial critical illnesses may vary. | | 1% to 100% |
| 2 | Major Organ Transplant Surgery Benefit | The date of loss for a major organ transplant will either be the date the covered person undergoes the surgery, or the date a physician requires them to undergo the surgery. Only one of these phrases will appear in the rider when issued. | "undergoes the actual surgery for a major organ transplant"; or "is required by a physician to undergo a major organ transplant" | |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 2 | Coronary Artery By-Pass Surgery | The date of loss for a coronary artery by-pass surgery will either be the date the covered person undergoes the surgery, or the date a physician requires them to undergo the surgery. Only one of these phrases will appear in the rider when issued. | "is the date the actual coronary artery by-pass surgery occurs"; or "the date a cardiologist requires that the covered person undergo a coronary artery by-pass surgery" | |
| 3 | Reoccurrence of Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Reoccurrence of Critical Illness Benefits | The time frame between the separations of diagnoses may vary. | | 1 month to 12 months |
| 3 | Cancer Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Cancer Critical Illness Benefits | Percentages for the cancer critical illnesses may vary. | | 1% to 100% |
| 3 | Cancer Critical Illness Benefits | The time frame between the separations of diagnoses to qualify as a "first diagnosis of cancer" may vary. | | 1 month to 12 months |
| 3 | Reoccurrence of Cancer Critical Illness Benefits | This provision will only appear if the policyholder chooses to offer the benefit to their employees, otherwise it will be deleted. | | |
| 3 | Reoccurrence of Cancer Critical Illness Benefits | The time frame between the separations of diagnoses may vary. | | 1 month to 12 months |
| 4 | Limitations and Exclusions | Reference to the Pre-existing Condition Limitation will be removed if the provision does not appear in the policy that this rider is attached to. | "The Pre-existing Condition Limitation and Exclusions provisions of the policy apply to this rider. In addition to the Exclusions provision of the policy, the following exclusions apply to this rider"; or "The Exclusions provision of the policy applies to this rider. In addition to the Exclusions provision of the policy, the following exclusions apply to this rider" | |
| 4 | Limitations and Exclusions | Exclusions for Carcinoma In Situ and Invasive Cancer may be removed if the policyholder chooses not to offer the Cancer Critical Illness Benefit to their employees. | | |

| Page | Provision Name | Variation | Alternative Language | Ranges |
|------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 4 | Termination | Termination of the primary insured can vary depending on the policyholder's preference for billing purposes. | "last day; or "next certificate anniversary date after"; or "end of the month"; or "end of the following month"; or "end of the calendar year"; or "next coverage anniversary following the day"; or "day of the month that follows when". | |
| 4 | Termination | Reference to "active" employment will be removed if the eligible class will include temporary, seasonal, or retired employees. | "active employment with your employer"; or "employment with your employer" | |
| 4 | Termination | The phrase to "a member in good standing in the labor union, association or other entity" will be removed if the eligible class will include employees. | "a member in good standing in the labor union, association or other entity" | |
| 4 | Termination | Reference to "Temporary Layoff", "Leave of Absence" and/or "Family and Medical Leave of Absence" will be revised to match the actual provision. | ", except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision"; or ", except as provided under the Temporary Layoff or Family and Medical Leave of Absence provision"; or ", except as provided under the Leave of Absence or Family and Medical Leave of Absence provision"; etc... | |
| 4 | Signatures | The signature of the Secretary and President will be on all issued riders and will be that of the current Secretary and President of AHL. | | |



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April 26, 2018

RE: New Submission

Group Critical Illness Benefit Riders **GPSCIDC** and **GCSCIDC** and Group Accident Benefit Riders **GPSACCDC** and **GCSACCDC**
NAIC Number: 60534
FEIN Number: 59-0781901

To Whom It May Concern:

The above referenced forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. They will be attached to a previously approved Group Hospital Indemnity product. These products are solicited by agents licensed to do business within your state and will be marketed to employer, association or union groups.

Rates are filed separately in SERFF Tracking Number MMTA-131467049.

Forms **GPSCIDC** and **GCSCIDC** will be used to pay a benefit if an insured is diagnosed with a critical illness while covered under the Group Hospital Indemnity policy. Forms **GPSACCDC** and **GCSACCDC** will be used to pay a benefit if an insured sustains a loss due to a covered accident. These riders will be attached to Group Hospital Indemnity Policy **GVSP2DC** and Certificate **GVSC2DC**, previously approved by your department on 12/13/2013 under Filing Number ALST-129172527.

Form **ERAPPDC** is a multi-product employer application that may be used with this Group Hospital Indemnity Insurance as well as any other group products that are approved for use in your state. This form was previously approved in your state on 5/19/2009 under filing number ALST-126146138.

The enrollment and evidence of insurability form that will be used with this product is being filed separately. The enrollment may be taken through electronic enrollment procedures by our licensed agents using a pen-based signature pad, PIN numbers, and any other valid electronic signature method. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant has signed it.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. While every effort is made to submit filings without errors, we respectfully reserve the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noticed after the filing and approval. As mentioned above, some of the provisions/sections are bracketed to provide flexibility. Please see the enclosed Statement of Variability.

Please let us know if you have any questions.

Your review of this filing is appreciated. Thank you for your time.

Sincerely,

Stacy Koron, JD, FLMI, CLU
Compliance Consultant